

Equality Homecare Services Limited

# Equality Homecare Services Limited

## Inspection report

124 Altrincham Road  
Sharston  
Manchester  
Greater Manchester  
M22 4US

Tel: 01614289496

Date of inspection visit:

04 February 2020

05 February 2020

Date of publication:

09 March 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Equality Homecare Services Ltd is a domiciliary care agency providing personal care to 11 adults at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were safely supported by the staff team. Risks were assessed and monitored. Staff were aware of safe practices to support people and aware of safeguarding guidance and how to report any concerns. Medicines were safely managed.

Assessments were undertaken to ensure the service could meet people's needs. Assessments captured the support needed with personal care, eating and drinking and the management of medicines. The manager liaised with health and social care professionals to ensure people received the right support at the right time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were well cared for and told us, the staff team were kind and respectful. Staff knew people well and could describe people's needs. Staff provided dignified care to people and people looked forward to their visits.

Care plans captured people's needs and had been developed with people and their families. Staff were familiar with care plans and they were regularly reviewed to ensure they remained accurate. A complaints procedure was in place and people felt confident to make a complaint but had not needed to. No complaints had been received since the inspection in September 2016.

The service was well-led, and people and staff were complimentary about the support from the registered manager and the manager. Audits to monitor and improve the service were in place and regular feedback was obtained from people to assure the provider, the service was providing high quality care. Feedback was positive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was good (published 1 December 2016). There was also an inspection on 7 and 8 May 2019 however, the report following that inspection was withdrawn as

there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Equality Homecare Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a manager in place who supported the daily management of the agency. For this purpose of this report, we will refer to the manager and the registered manager separately.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 February 2020 and ended on 5 February 2020. We visited the office location on 4 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who know the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager, the manager, three staff members and four people supported by the service. We looked at two recruitment records and two people's care files which included care plans and risk assessments. We looked at information to monitor and improve the service, staff induction, training and supervision. We reviewed compliments and complaints and any feedback received from people and their families. We looked at how medicines were managed and recorded.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 28 September 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were safely recruited and had the correct employment checks in place prior to commencing employment.
- People told us they received care and support from regular staff members who arrived on time and stayed for the duration of the visit.
- Where two staff were required to assist with moving and handling, people and staff confirmed, two staff always attended.

### Using medicines safely

- Medicines were safely managed.
- People were assessed to make sure they had the support to help them with their medicines.
- Staff received training and competency checks to ensure they were safely administering medicines. One staff member said, "We can raise any concerns with medicines with [manager] and they will check to make sure everything is correct."

### Systems and processes to safeguard people from the risk of abuse

- People were safely supported by the staff team and felt able to raise any concerns with the manager or registered manager.
- Staff had received training in safeguarding vulnerable adults from abuse and were confident they could raise any concerns to the management team. One staff member told us, "I can go to [registered manager] and [manager] with anything and they would be very supportive."

### Assessing risk, safety monitoring and management

- Risk assessments to people's health and well-being were monitored and reviewed.
- Where risks had been identified, staff were aware of what action to take to reduce each risk.
- Assessments of people's property were in place to ensure they were safe for staff and people being supported. This included looking at space, gas and electrical safety and access to water.

### Preventing and controlling infection

- Infection control was well managed, and staff confirmed they had access to personal protective equipment (PPE) such as gloves.
- People told us staff wore PPE and regularly washed their hands.

### Learning lessons when things go wrong

- Any accidents or incidents had been recorded and shared with family or health professionals. Any emergency assistance had been sought immediately.
- Any patterns or themes to accidents or incidents were analysed and shared, for example, if a person continued to fall, a referral to the falls team was made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 28 September 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were fully completed prior to Equality Homecare Services Ltd providing a service to people.
- People told us, they had been involved in the assessment process and their choices and needs had been discussed. People were able to request their preferred gender of carer.

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced employment with the service. Following the induction, training was given to support staff in their job role.
- Staff told us the training was good and relevant. People we spoke with felt staff were well trained.
- Staff received regular supervision from the manager and unannounced spot checks while they were supporting people.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink if that was part of their care needs.
- Where people used fluid thickener to prevent choking, this was clearly captured in the care plan and staff could describe the correct amount to be used.
- Likes and dislikes were recorded in the care plan. One person told us they had recently lost weight and staff were encouraging them with meals to help them gain weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team worked with other health and social care professionals to provide consistent, effective and timely care.
- We saw the manager had completed oral hygiene assessments for people and referred people for support from a domiciliary dentist. We also saw examples where people had been referred for support with continence and skin integrity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Capacity was assessed, and consent was gained from people to deliver personal care and support.
- When planning care with the person, the provider gained consent for whom they were able to share information with, for example, family or medical professionals.
- Staff demonstrated an awareness of supporting people to make decisions and understood the principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 28 September 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well cared for and staff were kind, caring and respectful.
- People said staff went over and above their expectations and they looked forward to staff visiting them. People spoke fondly of the little things the staff did like a bit of housework when they had time or when one person was late back from an appointment and had missed their visit. Staff still popped in to make the person a sandwich. One person told us, "The carers are wonderful, they are brilliant, I am so happy they bend over backwards for me. When I was in hospital, I wanted to go home to my people (staff), they are such a wonderful bunch."
- Staff told us they treated people as individuals and they would be happy for their family to be cared for by Equality Homecare Service LTD.

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured they listened to people and involved them in decisions about their care. Staff said it was important for people to be listened to as they were trusting them (staff) in their home and staff were guests.
- People confirmed they were involved in decision making. This was captured in assessments and care planning. One person told us, "I feel listened to. If I ask anything of staff, they help me."
- Where people had expressed a view, for example, receiving support from a specific carer, this was actioned where possible.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted privacy, dignity and independence to the people they supported.
- People gave examples of this and told us staff knocked on their front door before coming in and alerted them to who was at the door. People told us staff attended to their personal care in a dignified manner and they felt at ease with staff.
- Staff promoted independence and told us, "We encourage people to do what they can for themselves."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the inspection on 28 September 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place and had been developed with people and their families.
- Care plans described the support people required and how the support should be given. Staff could describe how they cared for individuals and told us they had time to read the care plans and were involved in the monthly reviews. One staff member said, "We always read the care plans and we know people and their routines well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in a format they could understand.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and each person we spoke with confirmed they knew how to raise a complaint, but they had never needed to. One person said, "I could ring [manager] about anything but I have never needed to complain."
- No complaints had been received since the inspection in September 2016.

End of life care and support

- The service had not actively supported anyone at the end of their life but had good links with local GP's and district nursing services to facilitate good end of life care, should a person or their family request this support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection on 28 September 2016 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led by a registered manager and a manager who oversaw the day to day running of the agency.
- People and staff spoke about the manager with positivity and said, "[Manager] runs a good ship, they have a lot of knowledge."
- Staff were very complimentary about the registered manager and manager and said, "They are brilliant, always there for us, can go to them with anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was obtained from people to help monitor and improve the service. The last feedback received was positive.
- People told us the management team informed them of any changes to their care and felt supported when they needed to change any of their care and support. For example, one person told us, "I was in hospital and wasn't sure what time I would be home. [Manager] told me not to worry and the moment I arrived home, the girls were round. They are on the ball."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were experienced in managing social care services and the management of staff. They were aware of the responsibilities of their role and ensured staff had the appropriate knowledge to support people in their own homes.
- Regular reviews were completed with people to gain feedback on the service provision. People confirmed they were in regular contact with the manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the manager understood their responsibility for providing information to the Care Quality Commission and other bodies when something goes wrong.
- We saw information had been shared with the safeguarding team in a timely manner when required.

Working in partnership with others

- The provider was a preferred provider for contracts with a local authority. The local authority completed their own monitoring audits of the service which showed the provider as being compliant
- We saw the manager liaised with other health and social care professionals during our visit. This including arranging the collection and deliveries of medicines from the pharmacy.